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Country note**

Cameroon

Summary

The Executive Director presents the country note for Cameroon for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. With a population of 15 million, 56 per cent of whom are under 20 years of age, and a gross national product of $668 (according to the 2001 United Nations Common Country Assessment (CCA)), Cameroon is marked by political stability and geographic and ethnic diversity. At the end of the 1986/96 recession, repercussions of which are still felt today, 50.5 per cent of the population lived below the poverty line, with significant regional and sex disparities. Poverty has an increasingly feminine face, affecting women in particular. During the period 1991/97, only 6.7 per cent of public spending and 5.4 per cent of official development assistance were devoted to basic social services, well below 20/20 commitments.

2. Further to a general deterioration of social and economic conditions, the Government initiated a series of reforms, which included: financial stabilization measures; reorganization of the banking system; the privatization of public companies; an anti-corruption campaign; and liberalization of political activity and

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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the media. The cumulative effect of these actions was an economic upturn and an average annual growth of 4.5 per cent since 1997, tied to oil revenues. Cameroon was admitted to the enhanced Highly Indebted Poor Countries Initiative in 2000. An interim Poverty Reduction Strategy Paper (PRSP) was prepared, and a final version is being developed. Economic growth, the provision of basic social services and the protection of vulnerable groups are key strategies of the document.

3. The end-decade report on the objectives of the World Summit for Children in Cameroon revealed a general worsening of survival and development indicators. Infant and under-five mortality rates rose from 65 to 77 and from 126 to 151 per 1,000 live births, respectively, in the period 1989-1996. Overall vaccination coverage stagnated at 45 per cent. Low access to health services (53 per cent), potable water (52 per cent) and sanitary excreta disposal (75 per cent), especially in rural areas, accentuate an already precarious health situation. Ageing equipment, unmotivated staff and inappropriate strategies worsen the situation. Malnutrition increased between 1991 and 1998, with stunting rising from 24 to 29 per cent and under weight from 14 to 22 per cent. A low rate of exclusive breastfeeding for three months (15 per cent) and diarrhoeal diseases, measles and acute respiratory infections further compound the situation. Among children 1-5 years old, 57 per cent are anaemic and 39 per cent deficient in vitamin A. Insufficient food availability, poor feeding practices in certain regions and poor access to nutrition information give rise to this situation. According to the 2000 national strategic plan, HIV/AIDS sero-prevalence increased from 0.5 per cent in 1987 to 11 per cent in 2000. The pandemic has had a devastating impact on affected families already weakened by social changes and poverty. There are an estimated 45,300 HIV-positive children.

4. Only 15 per cent of children aged 3-5 years are enrolled in pre-school education programmes, owing largely to poor structures, inappropriate programmes and low parental awareness of benefits. As a result of increased resource allocation for basic education and the abolition of primary school fees, gross enrolment rates rose during 1996-2001. Nevertheless, the 2000 overall level of 83 per cent (71 per cent for girls) does not reach the pre-1990 level. The overall net enrolment rate of 68 per cent masks regional disparities, with northern provinces lagging far behind. Repetition and drop-out rates are high (30 and 11 per cent, respectively), and only 59 per cent complete fifth grade. This situation can be attributed to a significant gap between supply and demand in the education sector, within an environment of rapid population growth (2.8 per cent) and economic adjustment.

5. Over time, the negative effects of the above-mentioned factors impact upon older groups of children. Those with special protection needs are out-of-school, affected by HIV/AIDS, engaged in exploitative labour, homeless, deprived of liberty and trafficked. The origins of these conditions lie in the weakening or breakdown of families and the lack of appropriate social responses.

6. With a maternal mortality ratio of 430 per 100,000 live births in 1996, only 58 per cent of deliveries are assisted by trained personnel. With generally low levels of education, women are unable to secure employment to adequately supplement their families' incomes. They have limited access to information on life-saving and life-improving health and nutrition interventions. Further increasing their marginalization are certain harmful traditional practices (female genital mutilation, inheritance of widows) and a legal system not yet harmonized with the Convention on the Elimination of All Forms of Discrimination against Women.

Lessons learned from past cooperation

7. According to the mid-term review (MTR), programme performance could have been enhanced by a more integrated and holistic approach as opposed to a sector-specific approach. The health and nutrition programme focused almost exclusively on health interventions, with nutrition activities being limited primarily to selected micronutrients. Early childhood development activities concentrated mostly on pre-schools. Despite evidence of increasing adolescent vulnerability, activities undertaken did not focus on their reproductive health, participation or special protection needs. Communication activities focused largely on central-level advocacy and media instead of on communication for behaviour change.

8. Many of the difficulties encountered relate to weak coordination at the national level. On the recommendation of the MTR, an intersectoral committee, composed of representatives of the Government and UNICEF, was established to monitor programme objectives. While it is premature to confirm the ability of this mechanism to ensure the effective, long-term coordination of the country programme, the committee's experience — promising to date — lays the groundwork for future coordination. Strengthened national- and field-level partnerships will be essential for the effectiveness and visibility of the programme. The gender approach has yet to be internalized and mainstreamed by the development of the country programme.

9. At the field level, sectoral activities frequently occurred in disparate geographic locations, precluding synergy. Evaluations of the health programme and the basic services for Pygmy sub-project underscored the importance of convergent, area-based activity. The importance of establishing a zone for such activity for better and more sustainable results emerged as an important lesson.

Proposed country programme strategy

10. The proposed strategy was adopted at a strategy meeting between UNICEF and its partners in August 2001. It is based on several important principles: those articulated by the Government in its interim PRSP; the UNICEF medium-term strategic plan for 2002-2005; the UNICEF core corporate commitments in emergencies; the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and CCA perspectives. Cameroon's initial report on implementation of the Convention on the Rights of the Child will be reviewed in October 2001.

11. The programme cycles will be harmonized as of the coming period. Areas of action complementary to the proposed programme include the United Nations Population Fund on reproductive health, the United Nations Development Programme on income generation and the World Food Programme on school feeding. United Nations inter-agency collaboration through the United Nations Development Assistance Framework will focus on poverty reduction and the provision of basic services. Partnerships with non-governmental organizations (e.g. CARE, PLAN) will focus primarily on protection issues. Bilateral and multilateral support will be strengthened in areas where UNICEF expertise is limited, notably in income-generating activities and the construction of schools. Academic institutions will enhance programme focus and effectiveness, particularly in research.

12. The goal of the 2003-2007 country programme will be to contribute to the creation of an environment where children's rights to survival, development, protection and participation will be respected, protected and fulfilled. A combination of basic strategies will help to realize the programme objectives, including: advocacy and the development of partnerships to promote the full realization of children's rights; disparity reduction through gender mainstreaming and targeting the most vulnerable groups to ensure that all children benefit from a minimum package of services; strengthening institutional- and community-level capacities to consolidate, extend and sustain achievements; facilitate synergy among interventions, thereby improving their efficiency and effectiveness; and the monitoring, evaluation and documentation of programme interventions. The strategies will be prioritized according to the requirements of each programme.

13. The country programme will be national in scope. Nevertheless, the provinces of Adamawa, North, Far North and East, as well as pockets of poverty in urban areas such as Yaoundé and Douala, covering about 47 per cent of the total population, will serve as locations of intervention. Adamawa will serve as the location of area-based activity in which all programme sectors will converge. These localities have been selected owing to the extent of the problems confronting children and women, previous experience, and the potential for developing strong partnerships within the United Nations system and with others. Five programmes are proposed, two cross-cutting and three related to age groups in the life cycle.

14. The **planning, evaluation and communication** programme merges key cross-cutting functions to focus on popularizing and monitoring the application of child rights. Promoting appropriate social policies and the adoption of positive behaviours will encourage the development of a supportive national environment for rights implementation. The programme will support implementation of the PRSP and promote the allocation of increased resources for basic social services. The development of reliable social statistics (e.g. multiple indicator cluster surveys) and the formulation of strategies aimed at reducing poverty, especially among children, will be pursued, as will emergency preparedness. Monitoring, research and evaluation activities for the country programme will be coordinated through an integrated monitoring and evaluation plan, facilitating the reorientation of strategies, as appropriate. Integrated communication planning for programmes will permit adequate formulation of interventions to support the attainment of objectives. Capacity-building, social and community mobilization, and advocacy will be the main strategies.

15. The **survival and development of the young child** programme combines and integrates child development and survival efforts in a synergistic and holistic way. The programme will encompass psychomotor stimulation, maternal and child nutrition, family care practices and the growing negative impact of HIV/AIDS on survival and development. This approach will be guided by the Government's health sector strategy and include components focusing on maternal and neonatal health promotion, immunization plus, strengthening the essential health package, the Integrated Management of Childhood Illness, the control of micronutrient deficiencies, family empowerment and strengthening community-based activities in Adamawa province. Interventions to help prevent mother-to-child transmission of HIV will be undertaken nationally in high-risk zones following vulnerability mapping. Principal strategies will include service delivery, capacity-building and community participation.

16. The **basic education of the child** programme will support the Government's education sector strategy by focusing on improving educational quality and relevance, and disparity reduction, especially between sexes and geographic regions. It will develop further the non-formal approach to education, especially for out-of-school children; broaden the "child-friendly schools" initiative; and promote the school where the child can learn in a healthy, friendly and nurturing environment. The programme will pay particular attention to girls' education, the systematic evaluation of school programmes, and the participation of families and communities. Primary strategies will be social mobilization, service delivery, capacity-building and community participation.

17. The **development and participation of the adolescent** programme encourages an environment favourable to the development and participation of young people. Starting from the family, the community, the legal and the general policy environment, the programme will attempt to influence the factors surrounding HIV transmission and minimize the pandemic's impact on adolescents and their families. The programme will help to equip adolescents with the practical skills needed to communicate and negotiate with both their peers and adults, as is promoted via the Children's Parliament. The collection and dissemination of data on adolescent health, and access to age- and sex-specific information on healthy behaviours and the prevention of health problems, will be the focus of this programme. Its major strategies will include empowerment and capacity-building.

18. The cross-cutting programme, **special protection**, will focus on strengthening legal and institutional frameworks to ensure the harmonization of legislation with the Convention on the Rights of the Child and other international legal instruments related to children's rights. The programme will advocate for the routine registration of all births. Special emphasis will be placed on vulnerable groups, particularly children affected by HIV/AIDS, children in conflict with the law and exploited children. Advocacy at all levels, capacity-building and empowerment will serve as the principal programme strategies.

19. **Cross-sectoral costs** will provide for the pooling of the costs needed to support all programmes. Further, the Government will provide counterpart funding for each programme in the state's annual budget.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Planning, evaluation and communication	2 148	–	2 148
Survival and development of the young child	3 357	1 500	4 857
Basic education of the child	3 357	1 500	4 857
Development and participation of the adolescent	2 014	1 000	3 014
Special protection	1 343	1 000	2 343
Cross-sectoral costs	1 209	–	1 209
Total	**13 428**	**5 000**	**18 428**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.